HEALTH BASICS

Gestational age

Gestational age describes how many weeks and days a pregnancy has progressed.

WHAT IT IS
Pregnancy length counted from the last menstrual period

WHERE IT COMES UP
Pregnancy records, ultrasound reports, due dates, and newborn care

WHY IT MATTERS
Guides the timing and interpretation of pregnancy care

WHAT IT IS NOT
Not a disease or an exact conception date

WHO TO ASK
Midwife, obstetric clinician, or maternity service

HOW IT IS CHECKED
Menstrual dates, early ultrasound, or assisted-conception records

Overview

Gestational age is the standard way of describing how far a pregnancy has progressed. It is written in weeks and days, such as 20 weeks and 4 days.

Pregnancy dating usually starts from the first day of the last normal menstrual period. This is often about two weeks before fertilisation, when an egg and sperm join. As a result, someone may be described as four weeks pregnant even though fertilisation probably happened about two weeks earlier.

Gestational age is not a disease or diagnosis. It does not describe how healthy the pregnancy is. It is a time measurement used to plan and interpret care.

The estimated due date is the date when the pregnancy reaches 40 weeks, or about 280 days from the start of the last menstrual period. It is an estimate rather than a prediction of the exact birth date.

How it works

Gestational age is based on completed weeks and extra days. For example, "12+3" means 12

completed weeks and 3 days. You may also see this written as 12 weeks 3 days or 12 3/7 weeks.

Several types of information may be used to establish the gestational age:

Menstrual dating works best when the date is known and menstrual cycles were reasonably regular. It may be less reliable after an irregular cycle, recent pregnancy, breastfeeding, or recent use of hormonal contraception. Bleeding in early pregnancy may also be mistaken for a period.

An early ultrasound can provide a more reliable estimate when menstrual dates are uncertain. During this scan, the sonographer may measure the embryo or fetus from the top of the head to the bottom of the torso. This is called the crown-rump length .

Early measurements are useful because growth is relatively consistent at that stage. Measurements later in pregnancy are less precise for dating because healthy fetuses naturally differ more in size.

For pregnancies conceived through in vitro fertilisation or another assisted-reproduction method, dating can use the embryo's age and transfer date. These records usually provide more specific timing than menstrual dates.

Once the maternity team has established an estimated due date, it is not usually changed just because a later scan shows a larger or smaller measurement. Later size differences may reflect normal variation or a growth concern rather than a different conception date.

- The first day of the last normal menstrual period
- An early ultrasound measurement
- The date and details of assisted conception, such as embryo transfer
- Previous pregnancy records showing how the due date was established

Why it matters for your health

Gestational age helps determine when pregnancy care, screening, and ultrasound examinations may be offered. It also gives clinicians the correct time point for interpreting fetal growth and development.

It is used to describe the timing of birth. A birth before 37 completed weeks is described as preterm. In terminology commonly used by obstetric organisations, 37 weeks through 38 weeks and 6 days is early term, while 39 weeks through 40 weeks and 6 days is full term. A pregnancy reaching 42 weeks is described as post-term.

These categories can affect decisions about monitoring and maternity or newborn care. The

exact plan still considers the health of the pregnant person and fetus, not gestational age alone.

After birth, gestational age helps the newborn team interpret a baby's size, feeding, temperature control, breathing, and other needs. For a child born preterm, clinicians may also use corrected age when discussing early development. Corrected age accounts for how many weeks before 40 weeks the child was born.

What can go wrong

Gestational age itself does not cause health problems. Difficulties arise when the available dates are uncertain or when different dating methods give different estimates.

Common situations include:

A date discrepancy does not by itself mean something is wrong. The maternity team can review the menstrual history, assisted-conception records, and timing and quality of ultrasound measurements.

- Uncertain menstrual dates: The first day of the last period may be unknown, or the bleeding may not have been a normal period.
- Irregular cycles: Ovulation may have happened earlier or later than the usual estimate.
- A discrepancy on ultrasound: An early measurement may suggest a different gestational age from menstrual dating.
- A suboptimally dated pregnancy: This term may be used when no sufficiently early ultrasound or reliable record confirmed the due date.
- Possible growth differences: A later scan may show a fetus measuring smaller or larger than expected. Changing the date without careful review could hide fetal growth restriction or unusually rapid growth.
- Incorrect timing categories: An inaccurate date can make a pregnancy or birth appear more preterm or post-term than it is.

What you can do

If possible, keep a record of the first day of your last normal menstrual period. Also keep any assisted-conception dates and copies of early ultrasound reports.

You can ask your maternity team:

A small difference between an app, your own calculation, and the clinical record usually does not require urgent care. Ask about it at a routine appointment so that you know which date your maternity service is using.

There is nothing you need to do to make gestational age progress normally. It is a measurement of time, not a condition that can be treated or prevented.

Uncertain dates alone are not an emergency. However, seek urgent maternity advice for pregnancy concerns such as heavy bleeding, leaking fluid, possible labour before 37 weeks, severe or persistent abdominal pain, or reduced fetal movement after movements have become established. Follow the contact instructions provided by your maternity service. Call emergency services for collapse, a seizure, severe breathing difficulty, or bleeding that appears life-threatening. These concerns are not caused by gestational age.

- What is my estimated due date?
- Which information was used to set it?
- Did an ultrasound change the date?
- Will this date remain on my pregnancy record?
- If measurements differ later, are they being treated as a dating issue or a growth issue?

Common questions

Why does pregnancy counting begin before conception?

The exact date of fertilisation is often unknown, but the start of the last menstrual period is easier to identify. The standard system therefore begins about two weeks before fertilisation in a typical cycle.

Can gestational age reveal the exact conception date?

No. Menstrual dating and ultrasound provide estimates. Ovulation, fertilisation, and implantation can happen on different days. Assisted-conception records may narrow the timing, but gestational age is still reported using the standard pregnancy timeline.

Why did my due date change after an ultrasound?

An early ultrasound may provide stronger dating evidence than an uncertain menstrual date. Whether the date is changed depends on the stage of pregnancy, the size of the difference, and the information already available.

Does measuring ahead mean the fetus is older?

Not necessarily. "Measuring ahead" means a measurement is larger than expected for the

recorded gestational age. It may reflect normal size differences, uncertain original dating, or a growth-related issue. A later measurement cannot identify the reason by itself.

Why do pregnancy months seem inconsistent?

Calendar months are not exactly four weeks long. Pregnancy care therefore uses weeks and days, which are more precise than months.

Does gestational age continue after birth?

Gestational age is recorded at birth. For babies born preterm, healthcare teams may then discuss postmenstrual age or corrected age. These terms combine or compare gestational age with the time since birth.

Sources

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